



CARRINGTON BUILDERS LTD.

VENDOR INFORMATION SHEET

DATE: _____

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

_____ POSTAL CODE: _____

PHONE #: _____ CELL #: _____

FAX #: _____ EMAIL: _____

GST #: _____

WCB #: _____

3RD PARTY INSURANCE: _____

POLICY NUMBER: _____ LIMIT: _____
EFFECTIVE DATE: _____ EXPIRATION DATE: _____

**(WCB ACCOUNT AND 3RD PARTY INSURANCE HAS TO BE IN GOOD STANDING
BEFORE ANY CHEQUE FOR PAYMENT OF INVOICES WILL BE RELEASED)**

PAYMENT SCHEDULE: _____

PAYMENT SCHEDULE APPROVAL : _____

PAYMENT TO BE MAILED OR PICKED UP: _____

**VENDOR SHEET MUST BE COMPLETED AND RETURNED TO THE OFFICE IN
ORDER FOR INVOICES TO BE PROCESSED AND PAYMENT RELEASED**